



INORGANIC CHEMICALS (IOC's) IN DRINKING WATER

State Form 53285 (6-07)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

Lab Received:	QA Review Date:	Report Date:	Lab Report Number:
For Laboratory Use Only => (Write dates as MM/DD/YY)			

PWSID:

System Name:

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Main Lab Certification:

Main/Contracted Laboratory Name:

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Testing Lab ID:

Lab Contact Person:

Contact Phone No:

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Collection Date (MM/DD/YY):

Sample ID:

POE:

Sampling Site/Location:

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Comp ID#	Compound Name	Analysis Date (MM.DD.YY)	Approved Method **	Result (mg/L)	Detection Level	BDL	MCL (mg/L)
1074	Antimony						0.006
1005	Arsenic						0.010
1010	Barium						2.0
1075	Beryllium						0.004
1015	Cadmium						0.005
1020	Chromium						0.1
1024	Cyanide (Free)						0.2
1025	Fluoride (Adjusted)						2.0
1025	Fluoride (Natural)						4.0
1035	Mercury						0.002
1036	Nickel						0.1
1045	Selenium						0.05
1085	Thallium						0.002
1094	Asbestos						7. MFL

1055

Sulfate

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(No MCL)

1052

Sodium

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(No MCL)

Other Information :

Does the system chlorinate its water? ☐ Yes ☐ NoWas the sample dechlorinated at the lab? ☐ Yes ☐ NoWas this information sent to IDEM by the lab? ☐ Yes ☐ No

Preservative Used:

☐ Iced☐ HNO3☐ NaOH☐ Other: _____

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: _____ Date: ____/____/____ Reviewed by: _____